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#### Scottish GPs use of homeopathy

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The conclusions reached in the article by Ross *et al.* [1] are very unhelpful. In 'What is already known about this subject', you state: 'Doctors and regulatory authorities

have expressed concerns about their efficacy and safety'. What concerns have been expressed about the safety of homeopathic medicines? There are no published studies which have ever recorded harms from homeopathic medicines. To state that there are concerns about the safety of homeopathic remedies is erroneous and, I suspect, deliberately misleading. I wonder about the authors' motivation in conducting this study. They are clinical pharmacologists, after all, not experts in either Primary Care or Homeopathy, despite their claims to know better than the 60% of Scottish general practitioners (GPs) they accuse of acting either carelessly or inappropriately (see McLay's remarks as reported in the *Glasgow Herald*, 2 December 2006). It is considered to be good publishing practice to make a statement about conflicts of interest and funding, but, in this case, no such statement is declared.

It is particularly unfortunate that the authors confuse and conflate homeopathic and herbal prescribing. These two therapies are completely different. Combining them as a single entity obfuscates rather than clarifies.

The so-called 'widespread concern' about efficacy of homeopathy referred to appears to be a reference only to the Shang paper in the *Lancet* [2] – a seriously criticised paper on the basis of its poor and obscured methodology [3, 4]. There are many other studies of the evidence base for homeopathy available and none of them is quoted here, probably because these other studies tend to favour the conclusion that homeopathic treatment is probably effective in some conditions and cannot be explained simply on the basis of placebo [5, 6].

This study only records the incidence of prescribing and makes no attempt to determine the effectiveness of these prescriptions, nor to analyse their safety. So, how can any conclusion be reached that GPs' use of homeopathy is either to be praised or condemned?

How bizarre to suggest a possible explanation for the greater use of homeopathic remedies in younger patients was to use a placebo for the 'worried well'. The median age for homeopathic prescriptions quoted is 48, and the top five conditions of injuries, joint symptoms, cramps, PMT, menopausal symptoms and breast feeding problems should surely not be dismissed so arrogantly as problems of the 'worried well'.

The authors would appear to be unaware of the substantial amount of clinical evidence in favour of homeopathy and of the research into ultra-high dilutions which scientifically demonstrate that expecting such preparations to have a biological effect is not unreasonable, illogical or unscientific. In fact, the conclusions of this group are illogical and unscientific [3, 7, 8].

The issue of safety is not studied in this research at all and if, as GPs would claim, very safe homeopathic remedies can be as clinically effective as more potentially dangerous and more expensive pharmacological substances, then should not such prescribing be supported?

On the issue of the use of evidence-based treatment in the NHS, the authors might like to re-acquaint themselves with the BMJ's *Clinical Evidence*, which states in its introduction that of the 2500 treatments considered, 47% are of unknown effectiveness and that 'most decisions about treatments still rest on the individual judgements of clinicians and patients' [9].

What really is the purpose of this study? Just a platform for some clinical pharmacologists to express their prejudices? All this study tells us is that a very large number of Scottish GPs are using their professional judgement to prescribe homeopathic medicines for a wide range of their patients.

*RL is employed by NHS Greater Glasgow which provides homeopathic consultations on the NHS. NHS Greater Glasgow has contracts with most Scottish Health Boards for homeopathic services.*

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## Authors' response: Homeopathy is safe and does not lack positive evidence in clinical trials/Scottish GPs use of Homeopathy

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In response to the letters from Mathie and Fisher, and Leckridge, we would like to make the following general comments.

The purpose of our article was to report the levels of herbal and homeopathic prescribing in Scottish primary care, and not to review in detail the evidence for or against the medical use of these alternative therapies. For this reason we restricted the number of citations in our paper to the small number of well-written and robust articles on homeopathy [1].

We remain unconvinced by the apparently large evidence base presented in both letters, which rely upon selective reports from small, underpowered and difficult to interpret studies, nonrandomized 'pragmatic' studies, spurious inappropriate comparisons, or reviews and letters written by the correspondents themselves.

Whether deliberately or not, there also appears to have been a misunderstanding or misrepresentation of the conclusions drawn from a key review by Linde [2]. This review, cited in both letters to defend the use of homeopathy, actually concludes with the statement that 'we found insufficient evidence from these studies that homeopathy is clearly efficacious for any single clinical condition'; a conclusion which does not support their argument for the efficacy and medical use of homeopathy.

It is also noteworthy that the 'serious criticism' of the 'deeply flawed' excellent *Lancet* review by Shang *et al.* raised in both letters relies for evidence on a letter authored by Peter Fisher [3, 4], surely not the required level of peer-reviewed evidence necessary to cast significant doubts on this meta-analysis.